

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/937305

FILING DATE

APPLICANT(S)

**CLAIMS**

61105

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
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50						
TOTAL IND.			3			
TOTAL DEP.			18			
TOTAL CLAIMS			21			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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